

<b>CUMULATIVE CLAIM AND RECONCILIATION STATEMENT</b>		OMB Control No. 2105-0517 Expiration Date: 4/30/97
Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the FAR Secretariat (VRS), Office of Federal Acquisition and Regulatory Policy, GSA, Washington, D.C. 20405; and to the Office of Management and Budget, Paperwork Reduction Project (2105-0517), Washington, D.C. 20503.		
1. Name of Contractor	_____	
2. Address of Contractor	_____ _____ _____ _____	
3. Contract No.	_____	
4. Delivery/Task Order No.	_____	
5. The total amount claimed under the above numbered contract, delivery order, or task order number is as follows:		
a. Direct Labor.....	\$	_____
b. Direct Material.....	\$	_____
c. Other Direct Costs.....	\$	_____
d. Overhead.....	\$	_____
e. G&A.....	\$	_____
f. Subcontract Cost.....	\$	_____
g. Total Costs (5a through 5f).....	\$	_____
h. Fixed Fee.....	\$	_____
i. Total Amount Claimed.....	\$	_____
6. Total amount due under the above numbered contract, delivery order, task order is as follows:		
a. Total Amount Claimed.....	\$	_____
b. Total Amount Paid by the Government under Voucher Nos. _____ thru _____	\$	_____
c. Total Amount (if any) Withheld, Disallowed, etc. (as explained on the attached sheet).....	\$	_____
d. Total Amount Due.....	\$	_____
<p>I, _____, the _____</p> <p style="text-align: center;">(Full Name) (Title)</p> <p>of the above named contractor, certify that the above statements are correct in accordance with the records of the contractor.</p> <p style="text-align: center; margin-top: 20px;">_____ (Signature)</p>		